

Please contact the Arkansas State Board of Pharmacy at asbp@arkansas.gov with your name and social security number to have a reinstatement application sent to you. Applicant's licensure history will need to be reviewed in order to determine whether or not a background check is necessary.

2016

ARKANSAS APPLICATION FOR PHARMACY TECHNICIAN REINSTATEMENT APPLICATION FEE: \$75.00 or \$110 with background check fees (if needed)

The registration you are applying for is the Arkansas Pharmacy Technician Reinstatement.
This registration will expire on December 31st, 2016.

To be eligible for this registration, you must:

- Have a high school diploma, GED, or equivalent;
- Have moral character and temperance and habits;
- Pass a state and federal background check within the last four years.

1) Read the instructions on the form carefully.

2) Truthfully answer the personal history questions.

3) Check your application to make sure it is complete and you have included everything required. Incomplete applications will not be processed. Your application will expire 6 months from date of receipt. Application fees will not be refunded. For your application to be considered complete you must include the following documentation:

IF A BACKGROUND CHECK IS NOT NEEDED, PLEASE INCLUDE:

- A **check or money order** made out to the Arkansas State Board of Pharmacy in the amount of \$75.00
- A copy of your **driver's license**
- A copy of your **high school diploma, college transcript or diploma, G.E.D.**, or a transcript or a letter with a seal and an official signature from your school verifying your graduation from high school

IF A BACKGROUND CHECK IS NEEDED, PLEASE INCLUDE:

- A **check or money order** made out to the Arkansas State Board of Pharmacy in the amount of \$112.75
- A copy of your **driver's license**
- A copy of your **high school diploma, college transcript or diploma, G.E.D.**, or a transcript or a letter with a seal and an official signature from your school verifying your graduation from high school
- A completed Criminal Background Check Identity Verification Form
- A completed fingerprint card. You MUST use a standard FBI fingerprint card, form No. FD-258 used by the FBI for noncriminal **fingerprinting**. You can contact the State Board of Pharmacy office to have one sent to you. Email your mailing address to asbp@arkansas.gov or call (501) 682-0190 to request a card.

4) Please allow 10 business days processing time for your registration. We will run a state and federal criminal background check for this registration.

If you have any questions or concerns, please contact the Arkansas State Board of Pharmacy by phone 501-682-0190 or email asbp@arkansas.gov.